

INDIVIDUAL TRANSPORTATION SERVICES PROTOCOL

A. CRITERIA FOR INDIVIDUAL TRANSPORTATION SERVICES

1. Does the service recipient have immediate family members, close friends who are involved in providing supports, or available sources of public transportation to provide the needed transportation without charge?

If **YES**, stop and deny as a **non-covered service** based on the waiver service definition.

If **NO**, proceed to Question #2.

2. Is transportation being requested for one of the following reasons which are specifically excluded in the waiver service definition:
 - a. Transportation to and from Day Services; **OR**
 - b. Transportation to and from supported or competitive employment; **OR**
 - c. Transportation of school-age children to and from school; **OR**
 - d. Transportation to and from medical services covered by the Medicaid State Plan/TennCare Program; **OR**
 - e. Transportation of a service recipient receiving a residential service (i.e., Supported Living, Residential Habilitation, Family Model Residential Support, Medical Residential Services) for which the provider is responsible for providing transportation (excluding Orientation and Mobility Training and Behavioral Respite Services)?

If **YES**, stop and deny as a **non-covered service** based on the waiver service definition.

If **NO**, proceed to Question #3.

3. Is there sufficient information in the Individual Support Plan (ISP) to document that Individual Transportation services are needed for the service recipient to access approved activities specified in the Individual Support Plan, excluding items specified in "2.a" through "2.e" above?

If **YES**, proceed to Question #4.

If **NO**, stop and deny as **not medically necessary**.

4. Is the amount of Individual Transportation Services requested *consistent with* and not *in excess of* the amount of Individual Transportation Services needed to access approved activities specified in the Individual Support Plan, excluding items specified in "2.a" through "2.e" above?

If **YES**, stop and approve the amount of Individual Transportation Services requested.

If **NO**, approve that portion of the total amount of Individual Transportation Services requested that is *consistent with* the amount of Individual Transportation Services needed to access approved activities specified in the Individual Support Plan, excluding items specified in "2.a" through "2.e" above. Deny as **not medically necessary** that portion of the total amount of Individual Transportation Services requested that is *in excess of* the amount of Individual Transportation

Services needed to access approved activities specified in the Individual Support Plan, excluding items specified in “2.a” through “2.e” above.